

District of Columbia Employee Health Benefits
For Employees Hired on or after October 1, 1987
Washington, DC; Maryland; Virginia
2012 Plan Year



YOUR MEDICAL BENEFITS	
BENEFIT	YOU PAY:
Primary Care Physician Selection Required?	No
Referral Required?	No
National Network?	Yes
Annual Deductible	\$0
Coinsurance	\$0
Out of Pocket Maximum ¹	\$3,500 Individual / \$9,400 Family
Lifetime Maximum	Unlimited
Child/Adult Preventive Care	\$0
Child Primary Care Visit (other than preventive)	\$10
Adult Primary Care Visit (other than preventive)	\$10
Annual OB/GYN exam, Mammogram, PAP smear as part of preventive care	\$0
Specialist Office Visit	\$20
Allergy Testing/Treatment	\$0
Diagnostic Lab	\$0
Diagnostic X-ray	\$0
Emergency room*	\$50 waived if admitted
Urgent Care Center	\$20
Ambulance	\$0

Maternity OB visits-copay applies to first visit only	\$10
Vasectomy Tubal Ligation	\$0
Inpatient Hospital	\$100 per admission
Outpatient Hospital	\$50
Skilled Nursing Facility	\$100 per admission, up to 60 days/year
Home Health Care	\$0
Hospice Care	\$0
Private Duty Nursing	Not covered
Outpatient Rehabilitation Therapy (Physical Therapy, Occupational Therapy, Speech Therapy)	\$20 per visit up to 60 visits per condition
Acupuncture 12 visits/calendar year, treatment limited to specific conditions	\$20 per visit
Chiropractic	\$20 per visit up to 20 visits/year
Inpatient Mental Illness/Substance Abuse	\$100 per admission
Outpatient Mental Illness/Substance Abuse	\$10 per visit
Durable Medical Equipment	50%
Routine Eye Exam every two years	\$20 per Specialist visit
Corrective Eyewear	Discount Plan

*For services related to conditions that meet the Plan definition of a medical Emergency. Copayment is waived if admitted to the hospital. Services related to conditions that do not meet the Plan definition of a Medical Emergency are not covered

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YOUR CHOICE PLAN PRESCRIPTION DRUG BENEFITS	
BENEFIT	YOU PAY:
Retail – up to 30-day supply	
Tier 1	\$20
Tier 2	\$40
Tier 3	\$55
Mail Order – up to 90-day supply	
Tier 1	\$16
Tier 2	\$36
Tier 3	\$66

This document is intended to be a high-level summary of the benefits available to participants under this plan. It is not an exhaustive list of the terms and conditions applicable to the plan benefits. For a complete description of plan benefits available to participants under this plan, you may request an applicable DCEHB brochure by contacting Customer Care at 1-800-603-3923